

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

In Re Application Of: Jervant ULF et al )

Serial No.: 10/055,897 ✓ )

Filed: 01/28/02 )

For: Method For Producing A Bending-Resistant )  
Elongated Body And An Arrangement )  
For A Bending-Resistant, Elongated Body )

Before the Clerk: N. Chapman

Group Art Unit: 3726

Examiner: M. Jimenez

#6

**RESPONSE TO NOTICE RE INSUFFICIENT FILING FEES**

In response to the Notice Of Insufficient Filing Fees mailed March 22, 2002, please charge Deposit Account No. 19-4970 the \$84.00 balance due. A duplicate copy of this sheet is attached.

If the amount of this fee or future fees are miscalculated, please charge or credit any variance to Deposit Account No. 19-4970.

04/15/2002 MABDI1 00000040 194970 10055897

01 FC:102 84.00 CH

Respectfully Submitted,

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CERTIFICATE OF DEPOSIT

I hereby certify that this certificate is filed in accordance with the United States Patent Service Act of 1902 and is in accordance with the provisions of the Patent and Trademark Act of 1902, as amended, D. C. 20221, et seq.

April 1, 2002 (Date of Deposit)

Mitchell D. Bittman (Attorney for Patent Agent)

(Signature)

4/1/02 (Date of Signature)



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/055,897	01/28/2002	Jervant UII	100508-09002	3031

7590  
Mitchell D. Bittman  
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03/22/2002



EXAMINER

JIMENEZ, MARC QUEMUEL

ART UNIT PAPER NUMBER

3726

DATE MAILED: 03/22/2002

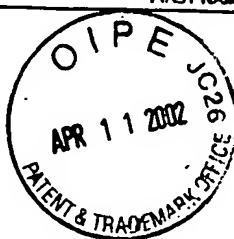
Please find below and/or attached an Office communication concerning this application or proceeding.

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EXAMINER

ART UNIT

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### NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ A. Filing Fees due upon filing the application

Total Filing Fees Due = \$ \_\_\_\_\_  
Less Filing Fees Submitted - \$( \_\_\_\_\_ )  
BALANCE DUE = \$ \_\_\_\_\_

☒ B. Filing Fees due upon filing the amendment filed on 3-21-02

Total Fees Due = \$ 84.00  
Less Fees Submitted - \$( 0 )  
BALANCE DUE = \$ 84.00

ATTACHMENT: FORM PTO-875

*Nava Chapman*  
Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted \$ 84.00

Signature

*Mitchell B. Berman*

#### CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:  
Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) 4/1/02

Print Name:

Mitchell B. Berman

Signature:

*Mitchell B. Berman*

APR 11 2002 92

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100708

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19 minus 20 = *	
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 18 Minus	** 20	= 0
Independent	* 4 Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE ☐OTHER THAN  
SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	370.00	BASIC FEE	74
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	2
TOTAL		TOTAL	10

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	84
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	